

Expanding Access *to All*

WHP

**WASHTENAW
HEALTH PLAN**

10
Years

The Washtenaw Health Plan thanks
our community partners, without
whom the program would not exist.

St. Joseph Mercy Health System
University of Michigan Health System
Washtenaw County

The Washtenaw Health Plan also thanks
our dedicated and supportive network of
primary and specialty care providers, who
provide a foundation and safety net for the
county's most vulnerable residents.

VISION AND MISSION

Principles on Which to Base a Resident Hospitalization Policy for Washtenaw County (1986)

- 1** Access to needed health care should be available to low income residents through a cost effective delivery system to prevent deferral of care. Delay in obtaining needed care often results in more serious illness and the need for costly inpatient or emergency room service. Barriers to access are not cost effective, but result in higher costs in the long run.
- 2** Low income residents should be encouraged to use outpatient preventive and primary health care as part of an organized system of care to maintain their health and reduce the need for inpatient hospitalization.
- 3** Many people believe that health care should be provided when it is needed, even if the patient is unable to pay. In the absence of readily available funds, if that goal is to be realized, all parties must participate in solutions to uncompensated care problems.
- 4** Responsibility for financing health care for the indigent should be equitably distributed. The current methods of cost-shifts, cross-subsidization and patchwork public funding should be reassessed and serious consideration given to a coordinated approach.
- 5** Use of existing health care dollars should be maximized. Changes in the current allocation of funds and present financing arrangements should be considered.
- 6** Costs to all payors should be as predictable and controllable as possible. Managed care systems provide the most promising means toward this end.

Current Washtenaw Health Plan Mission Statement (2012)

The mission of the Washtenaw Health Plan is to expand and assure access to health care and improve the health status of low-income, uninsured County residents. In partnership with local health care organizations, the WHP promotes, organizes, administers, and finances programs to increase access to health care for persons unable to pay for such care. The WHP is a public-private partnership with Washtenaw County government, University of Michigan Health System, St. Joseph Mercy Health System, and other local health care providers.

The WHP uses its resources and role in the community to strengthen the local health care safety net by maximizing access to primary care for uninsured, underinsured, and other vulnerable Washtenaw County residents, offering essential coverage to uninsured and underinsured individuals, through WHP “Plan A” and “Plan B.” The WHP also reinforces, expands, and works to assure the viability of safety net health care organizations providing primary care for residents facing barriers to health care.

WHP HISTORY

“It was because of the students”

In 1985 Carol Jindo walked into the University of Michigan Clinical Law Program offices. She had a \$2,810 bill for a five-day Beyer Hospital stay, and she was being sued in district court for non-payment.

As Paul Reingold, the Director of the Clinical Law Program, recalls, “It was viewed by us as a hopeless case.” Jindo had agreed to pay for services; she had received those promised services; and now she couldn’t pay. The Clinical Law Program could not argue breach of contract, because there was no breach of contract. According to Reingold, he felt there was nothing that they could do, but in general, he preferred to defer to the students, because this was—and is—a clinic meant to teach students about real-life cases. Upon being told that it was their choice, the students argued that “she seems like a nice person and if we send her to court alone she’ll probably end up with a payment plan. If we go with her maybe we can bargain better terms.” They chose to take the case.

A few days before Carol Jindo was due in district court, one of the students discovered an old statute, Act 280 of 1939 (now known as MCLA §400.66 et. seq.) that *required counties to pay for hospitalization for indigent county residents*. The statute dated from the Great Depression. In 1934 over 180,000 Michigan residents received Direct Relief and Act 280 was one reaction to the extreme poverty of the era. Suddenly, the case looked a little different.

As Reingold tells the story, “The day before the hearing they put together a pleading that raised this as a defense, and it bought us time.”

It turned out that many counties, including Kalamazoo and Jackson counties, were not spending anything on medical bills for the poor; others, including Genesee and Oakland counties, were spending quite a lot. The statute did not specify a minimum amount of money that should be spent on indigent health care, and although in the 1970s Washtenaw County did both allocate and spend money on the program, in 1981 there was a budget crunch. The county had suggested to the hospitals that the county limit payments to \$150,000 a year—an idea the hospitals flatly rejected as much too low. Washtenaw County’s line item for indigent health care was cut to one dollar.

Once the students had identified the statute and discovered the Washtenaw County budget cuts, the situation looked different. In addition, Carol Jindo’s situation had worsened. She had developed a condition that required urgent gall bladder surgery. Her doctor wrote a letter stating, “her life is in danger and the gallbladder inside her body is like a time bomb.”

Paul Reingold contacted Bob Gillett, the Executive Director of the local Legal Service office (and today’s WHP Board President) and asked him to be co-counsel on the case. Gillett recalls, “The complaint, which was primarily drafted by Paul Reingold, was a really good complaint. Carol Jindo was a compelling story—

she had a disease that urgently needed surgery, and she had a primary care provider who cared about her but couldn't get her surgery because she was uninsured."

Another plaintiff was identified. After living with pain for weeks, Karen Hellner, a University of Michigan student, had gone to the University of Michigan hospital for treatment of what turned out to be a severe internal infection. Her month-long stay left her with a \$32,000 bill that she couldn't pay. Now she was being sued in district court.

Class Action

Carol Jindo and Karen Hellner were the first two plaintiffs. The lawsuit was filed on November 26 1985, against the Director of Washtenaw County Department of Social Services; the members of the Washtenaw County Social Welfare Board; and the Washtenaw County Board of Commissioners. While the case was in circuit court, more plaintiffs were added. These were plaintiffs with unpaid hospital bills due to emergencies, seizures, asthma, mental health crises, and more. These were plaintiffs who required surgery for urgent conditions. Eventually, there were over 40 plaintiffs and the case was certified as a class action. According to Gillett, there were two sub-parts to the class action case:

1 Those who needed medical care and couldn't get it.

2 Those who had received medical care and were being sued by bill collection companies.

The county's Corporation Counsel was Bob Guenzel, who was in a private law firm (Harris, Guenzel, Meier & Nichols), and later became Washtenaw County Administrator. He and his colleague Margo Nichols approached Gillett and Reingold early in the case and said that rather than defending the case in court, they would like to bring the hospitals in and have a discussion. This collaborative approach set the tone for many years to come. According to Gillett, in the late 1970s the county felt it had been writing a blank check to the hospitals, and they were interested in devising a program that would be helpful to indigent persons but would also be financially manageable.

The First Consent Judgment and the Resident County Hospitalization Program

At the time of the lawsuit, there were five hospitals in Washtenaw County: The University of Michigan, Catherine McAuley (now St. Joseph Mercy), Beyer Memorial, Chelsea Hospital and Saline Hospital (Beyer has closed; Chelsea and Saline are now part of the St. Joseph Mercy Health System). Though they each had representatives, the hospitals decided that Tom Biggs, then the Assistant

timeline

Act 280 of 1939 is passed in the State of Michigan, enjoining counties to pay for the hospitalization of indigent residents. The law does not identify a minimum amount of funding that must be set aside for payments. (MCLA §400.66 et. seq.)

Act 286 of the Public Acts of 1957 requires Social Services Boards to establish rules for the administration of the hospitalization program.

Faced with a looming budget deficit, the county cuts the budget for hospital payments for indigent residents to \$1. (The hospitals had rejected the County's attempt to place a \$150,000 a year limit on the bills it would pay.)

1939

1957

1981

Director of Finance at UMHS, would be their lead negotiator. Gillett recalls, “Almost right from the beginning, Biggs came in with a vision that this should be about developing a comprehensive managed care program for uninsured residents.” Unfortunately, the negotiating team met for a couple of years and was unable to create a managed care system. They did, however, come to agreement on a document entitled, *Principles on Which to Base a Resident Hospitalization Policy for Washtenaw County* (1986—found here on page 1). Significantly, these principles are consistent with the WHP model today.

The first consent judgment lasted five years. It created an inpatient hospital program, tracking actual admissions and expenses. The county set aside \$500,000 for indigent health care; the Department of Social Services (now DHS) certified applicants as indigent, and the program served 100–150 people a year. If, however, the money ran out before the end of a fiscal year (and it almost always did), the hospitals agreed that they would not send indigent Washtenaw County residents to collections.

The Second Consent Judgment and the Washtenaw County Health Care Program

In 1991 the State of Michigan eliminated benefits for people collecting General Assistance, reducing indigent residents’ access to primary care. The State Medical Program replaced the medical benefit.

As the first five years of the consent agreement ended, the

hospitals notified the county that they believed it was now possible to look at creating a managed care program where primary care and specialty care were funded, and where inpatient care was covered with

hospital support. The original group had kept meeting occasionally, and they felt it was doable. According to Tom Biggs, “The key was that the three of us [Tom Biggs, Bob Guenzel, and Bob Gillett] were committed to making it work, and we had support, especially back at UM, Beyer, and St. Joe’s, to make it work.”

At the end of 1995 Bob Gillett asked the county health department to make planning for a managed care program a priority, writing, “I believe that the County’s number one public health priority should be to develop a coordinated system that provides both primary care and hospitalization services to all County

“It was viewed by us as a hopeless case.”

Paul Reingold, UM Clinical Law Program and co-counsel for the plaintiffs on the Jindo lawsuit

..... timeline

Carol Jindo approaches the University of Michigan Clinical Law Program with a hospitalization bill which she cannot pay and for which she is being taken to court.

1985

Jindo and Hellner v. Director of Washtenaw County Department of Social Services, all members of the Washtenaw County Social Welfare Board, and all members of the Washtenaw County Board of Commissioners is filed.

November 26, 1985

An initial consent agreement is reached on the Jindo lawsuit. Washtenaw County agrees to provide \$500,000 in support annually.

1988

Resident County Hospitalization Program begins. Department of Social Services certifies indigent applicants’ eligibility for the program, which serves around 100 people a year and provides partial reimbursement to hospitals until the funds are exhausted.

1989

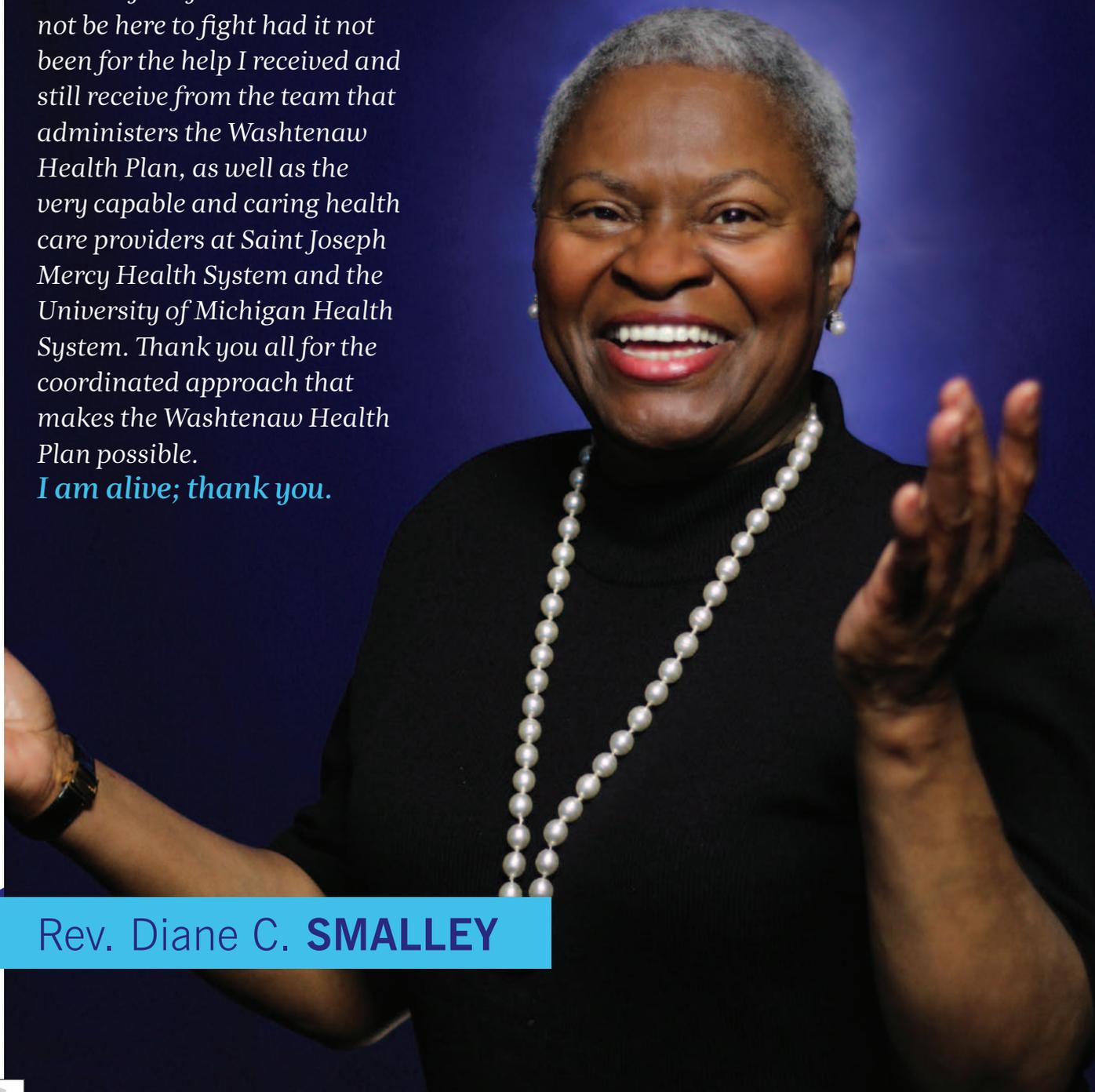


*I am so thankful for the Wash-
tenaw Health Plan! Life's
adventure has led me through
some medical problems that
would leave me with physical
pain and loads of bills if it weren't
for this amazing plan. My health
is really important to me and I'm
so glad that I am able to take care
of myself while I'm in school. I am
lucky to be a part of Washtenaw
County and can't wait to give
back once I graduate from college.
Thank you!*

Rebecca **KING**

I am profoundly and powerfully aware of the fact that I would not be here to fight had it not been for the help I received and still receive from the team that administers the Washtenaw Health Plan, as well as the very capable and caring health care providers at Saint Joseph Mercy Health System and the University of Michigan Health System. Thank you all for the coordinated approach that makes the Washtenaw Health Plan possible.

I am alive; thank you.



Rev. Diane C. **SMALLEY**

citizens.” The county health department began facilitating a planning process, and on November 5, 1997, the Washtenaw County Board of Commissioners passed a county resolution creating the Washtenaw County Health Care Program, a managed care model, as a program of the county health department. Ellen Rabinowitz, the WHP’s current Executive Director, became program manager, and the WCHC program was able to serve about 1,250 people a year.

The Development of the Washtenaw Health Plan

Shortly after the formation of the Washtenaw County Health Care program, the State of Michigan agreed to let Ingham County pool local funds with the state’s cost of the State Medical Program and leverage federal matching funds through a special Disproportionate Share Hospital payment. Muskegon County followed suit. The resulting Ingham and Muskegon health plans proved a model, shortly after, for the Washtenaw Health Plan. Rabinowitz notes, “Even now, we operate in a statewide system and we continue to share information and expertise between and among the 28 health plans that serve 73 of Michigan’s counties.”

“We want to serve the most vulnerable members of our community. That is what the Jindo lawsuit was all about.”

Ellen Rabinowitz, Washtenaw Health Plan

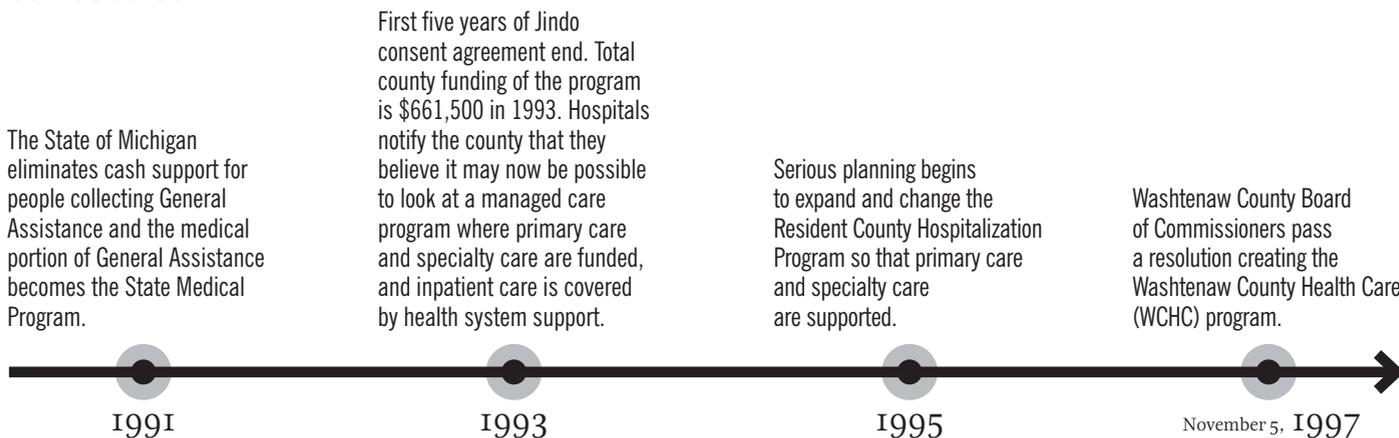
There was one catch. For funding reasons, the health plans needed to be their own 501(c)3 organizations. In 2000, planning began for the development of an independent non-profit, and in September 2001, the Washtenaw Health Plan was launched, with the first health plan members enrolled in May 2002. County residents enrolled in the State Medical Program became part of “Plan

A,” and everyone else became part of “Plan B.” *Within a year, the WHP was serving nearly three times as many people as the WCHC program had served and over thirty times as many residents as under the RCHP program.* WHP board

members in 2002 included two members of the initial negotiating teams: Bob Gillett and Tom Biggs. Additional board members were Amy Kerschbaum of St. Joseph Mercy Health System, and David Share of the Corner Health Center. Within a few months, the seat that had been designated for a Washtenaw County representative was filled by Bob Guenzel, another of the initial negotiating team.

The growth of the WHP was made possible in large part with a four-year, capacity-building grant from the Health Resources

..... timeline



and Services Administration. Of equal importance, the early and ongoing support of the health systems and the county's Board of Commissioners was the key to the program's success.

With a goal of expanding access to health care and improving the health of the uninsured, health plan staff worked to improve the plan—and also tried some new initiatives. In 2003 the WHP launched the Washtenaw County Prescription Plan (WCPP), a discount program for individuals who are not WHP members but who need help with prescriptions. In 2005, the WHP began a third share program, the Washtenaw Small Business Health Plan, whereby the county, local businesses, and their employees all contributed 1/3 of the cost for health insurance. While the WCPP remains, the Washtenaw Small Business Health Plan never achieved its desired enrollment, and ended in 2008, with eligible members moved to the WHP Plan B.

Growth and Change, but the Mission Remains

The more work the WHP did, the more it became obvious that the population of the uninsured was much larger than initial estimates. Together with its county and hospital partners, the WHP began planning for growth, with a goal of universal access for the

low-income uninsured population in Washtenaw County. In preparation for enrolling up to 30,000 individuals, all partners recognized the need for a more robust administrative infrastructure to handle the growth. To accommodate that need, the WHP added case management services;

created a health analyst function; enhanced its provider relations capacity and improved and fine-tuned the formulary. The WHP also moved from a mail-in enrollment process to a face-to-face enrollment process, in order to do better assessment of members' needs and eligibility for other services. Additionally, the WHP began funding grants for local safety net clinics to enhance

“We had sort of taken the WHP enrollment for granted, and when the health plan closed, we realized how critical it was for our uninsured patients. It's a life saver.”
Karen Koeppel, Packard Health

..... timeline

The WCHC, a managed care model, begins as a program of the Washtenaw County Public Health Department.

1998

Planning begins for the development of an independent nonprofit that can manage the indigent health care program, and qualify for DSH funding.

2000

Washtenaw Health Plan (WHP) becomes an independent nonprofit. In the initial budget, Washtenaw County supports the program with a \$710,000 allocation.

September 2001

WHP opens for business, and begins providing primary care and medically necessary services, including a very limited formulary. Michigan's State Medical Program starts to be managed by the WHP as Plan A, but open enrollment periods are controlled by the state, and the program is often closed to new enrollees. The WCHC becomes Plan B.

May 2002

their capacity to absorb more WHP patients. All the while, the WHP grew.

Despite the goal of covering all low-income, uninsured county residents, financial resources were limited. In the middle of 2009 the WHP hit a peak enrollment of nearly 10,400 members. Plan A enrollment was controlled (and closed) by the state, but the WHP Board made the difficult decision to close enrollment in Plan B. For 17 long months, the WHP was closed to all new enrollees. Karen Koeppel, Chronic Disease Case Manager at Packard Health, reflects on that time. “We had sort of taken the WHP enrollment for granted, and when the health plan closed, we realized how critical it was for our uninsured patients. It’s a life saver.”

In December 2010, the WHP was finally able to reopen Plan B, this time with an awareness of the need to balance access with financial stability. “We needed to find a way to provide access to those people who would benefit the most from access to primary care, specialty care, and medications, and so we decided to limit

enrollment to people with chronic, ongoing health needs,” notes Ellen Rabinowitz, the WHP Executive Director. She adds, “This is the exact opposite of what traditional insurance does, in terms of creating a risk pool. But we are not an insurance program, and we want to serve the most vulnerable members of our community. That is what the Jindo lawsuit was all about.”

The way in which the staff works to connect people to other, non-medical services — that is a real organizational philosophy.

Ellen Rabinowitz, Washtenaw Health Plan

Exciting Initiatives

In 2010, WHP Board Member Bob Laverty decided that it was important to embark on a community-wide planning process to address the needs of the uninsured in Washtenaw County.

As a former Chief Executive

Officer in the St. Joseph Mercy Health System, a board member for Packard Health, and a board member of the WHP, he understood first-hand the need. He saw the (then-pending) Affordable Care Act as a potentially game-changing law, and he wanted the community to have an active role in planning for change. He brought together both health systems and many safety net clinics and other nonprofits, including the WHP, creating the Washtenaw Health Initiative, a county-wide planning body.

Washtenaw Health Plan and Washtenaw County apply for and get a federal Health Resources and Services Administration (HRSA) grant to help with capacity building, program development, and limited member education.

2002–2005

Washtenaw County Prescription Plan, a discount program for individuals who are not health plan-eligible but need help with prescription medications, begins.

2003

The WHP adds a limited Durable Medical Equipment benefit.

2004

WHP staff and board begin planning for universal access to health care. Hospitals request that the WHP create additional infrastructure in case management, administration, provider support, and enrollment services before increasing enrollment.

2005

In addition, in 2010, when Washtenaw County's Office of Community Development, the City of Ann Arbor, the Ann Arbor Area Community Foundation and the United Way decided to pool human services funding, they asked the Washtenaw Health Plan to take on the planning function for the coordinated funding "health services" strand.

At the same time, the Washtenaw Health Plan is doing its own planning for the future. Additional work in benefits advocacy and case management will allow the health plan to help people access health care (and other) services, while still serving those who are uninsured with basic health care services. Adds Rabinowitz, "The way in which the staff works to connect people to other, non-medical services—that is a real organizational philosophy. Even though the WHP's main role is to get people into health care, we see a lot of people with multiple needs, and have committed ourselves to making sure that people find their way to the right services."

Tom Biggs notes, "I've learned that there's still a tremendous unmet need despite how well off Washtenaw County is. Not only

is there tremendous need but many of these patients have a lot more needs and need a lot more handholding than your typical individual covered with insurance—I've learned the importance of safety net services. The most important thing I learned is that when the hospital systems stopped and thought about what was best for the community, they could come together and do some-

thing for the community—they could put their differences aside and make it work."

"I've learned that there's still a tremendous unmet need despite how well off Washtenaw County is."

Tom Biggs, WHP Board Member

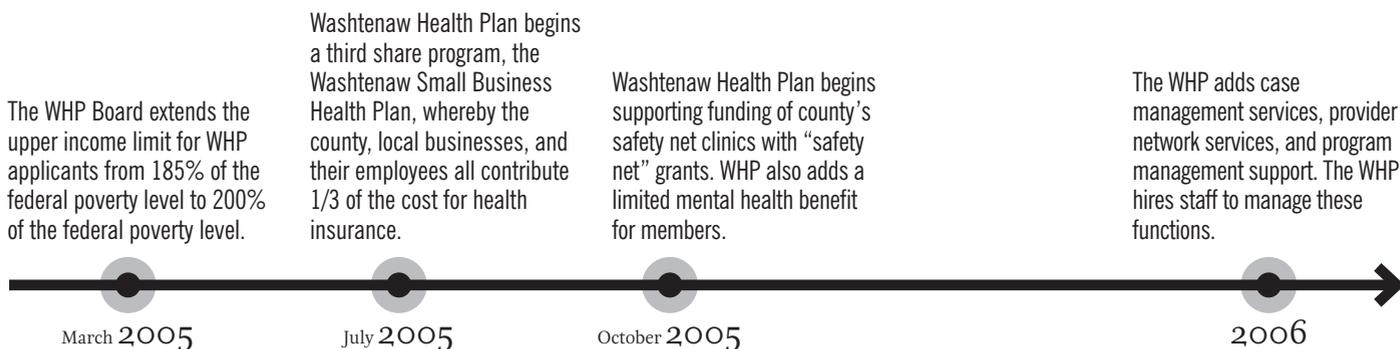
"A Banner Piece of Litigation"

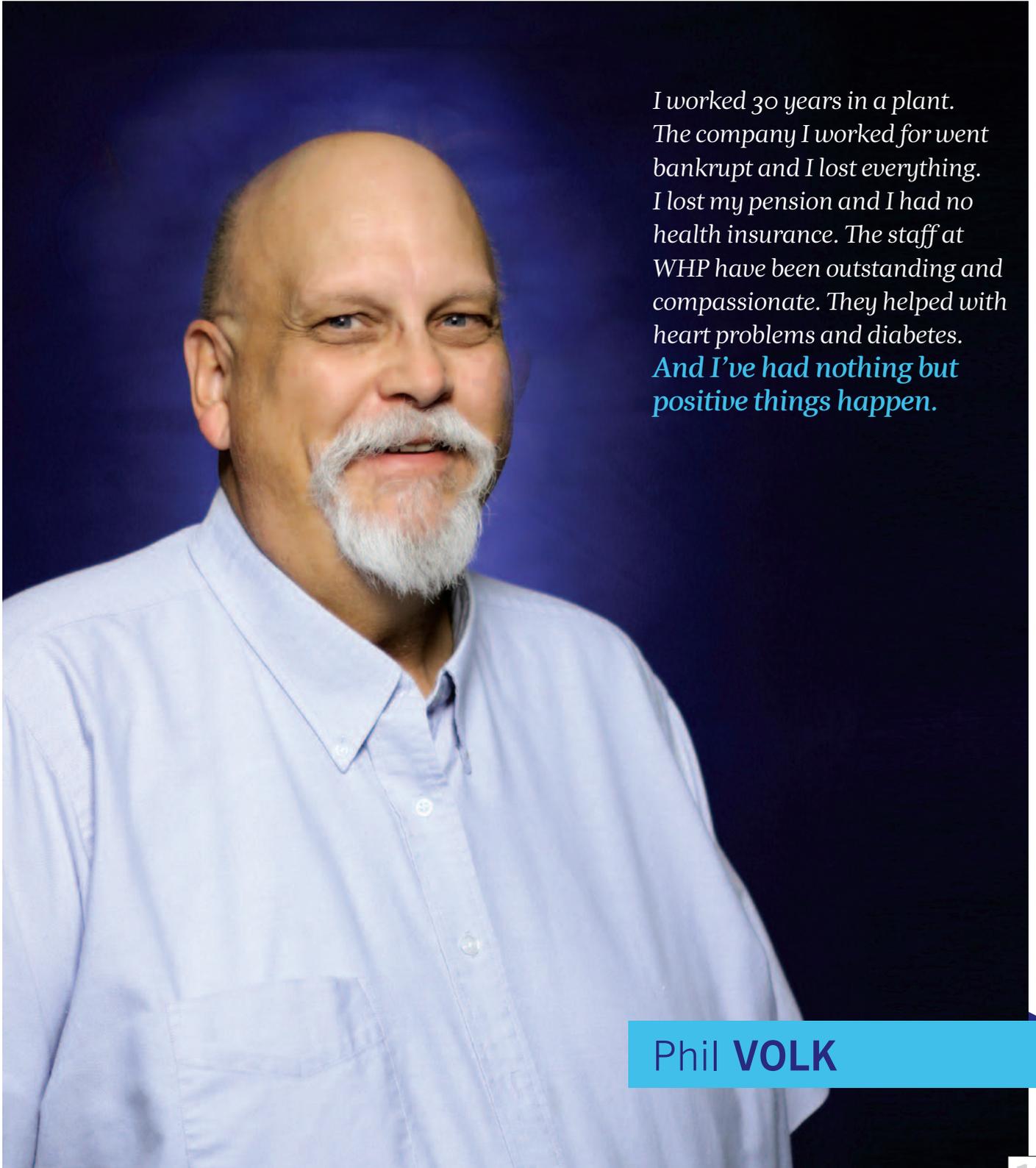
Twenty-seven years after the Jindo lawsuit was filed, the

WHP still has as its mission expanding access to health care and improving the health of uninsured county residents. And the Jindo consent judgment still bars hospitals from taking indigent Washtenaw county residents to collections for hospital bills. Looking back, Reingold calls Jindo "a banner piece of litigation." As he wrote in a 1996 journal article in the *Clinical Law Review*, "Why Hard Cases Make Good Law":

By the time the case settled four years later, the county had agreed to fund a hospitalization program to the tune of

timeline





*I worked 30 years in a plant. The company I worked for went bankrupt and I lost everything. I lost my pension and I had no health insurance. The staff at WHP have been outstanding and compassionate. They helped with heart problems and diabetes. **And I've had nothing but positive things happen.***

Phil **VOLK**

I have been with the Washtenaw Health Plan now roughly nine years. Without the health plan I would not have any health coverage or a bridge card for my food. I am currently unemployed.

I feel very fortunate to have the plan and my food card.



Carol L. **TOLBERT**

WHAT OUR MEMBERS SAY

Dear WHP, I want to thank you for helping me when I didn't have any insurance. I had a serious gallbladder problem. It needed to be removed. If not for your plan I would have tried to wait until I turned 65 and on Medicare to get an operation. According to the Doctor my gallbladder was about to erupt. I just wanted to say that I'm truly grateful for your help. If there is anything that I can do to help keep this plan in force so it can continue to help people please let me know.

—**JAMES BROWN**

The Washtenaw Health Plan helped me to remain healthy. I had a couple of issues in the past couple of years. Without the health plan I wouldn't be able to pay any doctor bills. Thus, I would refuse the treatment. If I can't pay for it, I don't receive. The Washtenaw Health Plan is excellent!

—**WILLIAM LOVE**

is just what I needed.

—**KYLE WILSON JR.**

WHP, I'm so grateful for what the plan has done for me. You have given me a new knee. I wasn't hardly able to walk. I had my shoulder repaired. I am totally amazed what you all have done for me. I thank God all the time for my knee.

—**DAVID KUHN**

It has been a great help. I have diabetes Type 2 and pulmonary hypertension and it has given me specialists. Also, it has helped me with free medication if it was not covered.

—**ANONYMOUS**

I cannot imagine my life without Washtenaw Health Plan. It presents to me a new life with the cure of my health. It

timeline

WHP Board member Bob Lavery initiates a health care planning process, involving the health systems and many nonprofits, called the Washtenaw Health Initiative. WHP staff and board are active participants.

Department of Human Services (which controls Plan A enrollment) opens Plan A enrollment for two months only. By January 2011, Plan A enrollment hits peak of 2498 members.

WHP Plan B enrollment is opened again to individuals with chronic, ongoing health needs.

In one of the first projects that is a direct outcome of the Washtenaw Health Initiative, the Washtenaw Health Plan works with the Department of Human Services to co-locate two DHS workers at the Washtenaw Health Plan. The WHP also absorbs the Success by Six Medicaid outreach advocate, and becomes the coordinating agency for the county's Coordinated Health Funding group.

October 2010

October 1, 2010

December 1, 2010

October 2011

help me to save my life. I had many surgery in my heart. I have blood pressure, cholesterol, diabetic. Also, my bones hurt me so much. Now I can walk easily and do my sport. It's important to increase the heart rate. The (WHP) taking care of me and every details in my health. That's make my life more happy and easy.

—**PERIHAN RAOUF**

I am post-menopausal, and have been for more than a decade. Therefore, when I experienced heavy vaginal bleeding, I knew that this was an indication of a health-related problem. I did not suspect cancer, but I believed that the bleeding was serious. I panicked! I did not have health insurance. Although I was in a Clinical Pastoral Education program, I was not gainfully employed. How would I pay for emergency health care that was potentially serious? . . . Since my cancer diagnosis, I know that if it had not been for the support that I received from the Washtenaw Health Plan team, including the representatives at both Saint Joseph and the Towner offices, I would be dead. A few weeks after being enrolled in Plan B, I was diagnosed with an aggres-

sive cancer; Stage IV Uterine Carcinosarcoma, with enlarged malignant lymph nodes in the upper abdomen, and several spots on the liver. Have I accepted my fate, my destiny, and my future with cancer? Cannot answer this question, but I am learning to keep pace with the malady . . . But more importantly, I am profoundly and powerfully aware of the fact that I would not be here to fight had it not been for the help I received and still receive from the team that administers the Washtenaw Health Plan, as well as the very capable and caring health care providers at Saint Joseph Mercy Health System and the University of Michigan Health System. Thank you all for the coordinated approach that makes the Washtenaw Health Plan possible. I am alive; thank you.

—**REV. DIANE C. SMALLEY**

The Washtenaw Health Plan has been a most important lifeline and support for me. When I have been ill or not well, I was able to receive quality, professional health care treatment. This has provided me with better overall health and been a great help with preventative health care. The staff at WHP has always been very helpful, friendly and eager

Washtenaw Health Plan serves
1,078 members in Plan A;
6,771 members in Plan B;
and 3,746 members through
the Washtenaw County
Prescription Plan.

May 1, 2012

Washtenaw Health Plan
celebrates ten years of service
to low-income, uninsured
residents of Washtenaw
County, and looks forward to
the next ten years.

May 31, 2012

to resolve any issues/questions I had regarding receiving treatment. They made me feel important and have dignity. Congratulations and thank you Washtenaw Health Plan!

—ANONYMOUS

Yes indeed it was a great help as my financial status is not good and the economy has not improved, resulting in costs going up. I sincerely thanks WHP and its team members for their support and help extended to all. I and my family joins me in thanking you all.

—ANONYMOUS

Without WHP I wouldn't be able to go to see my Doctor. I also wouldn't be able to get my medications, which I really do need. Thank you WHP for making things a little easier.

—PENNY FORD

WHP has been a God send to me these past years of unemployment with medical issues plaguing me. I have always worked and had a few, temporary issues, but these past years I don't know what I would have done without your benefits. Your professionalism and easy way to enroll and manage my care have been impressive and well appreciated. Keep up the good work!!

—ANONYMOUS

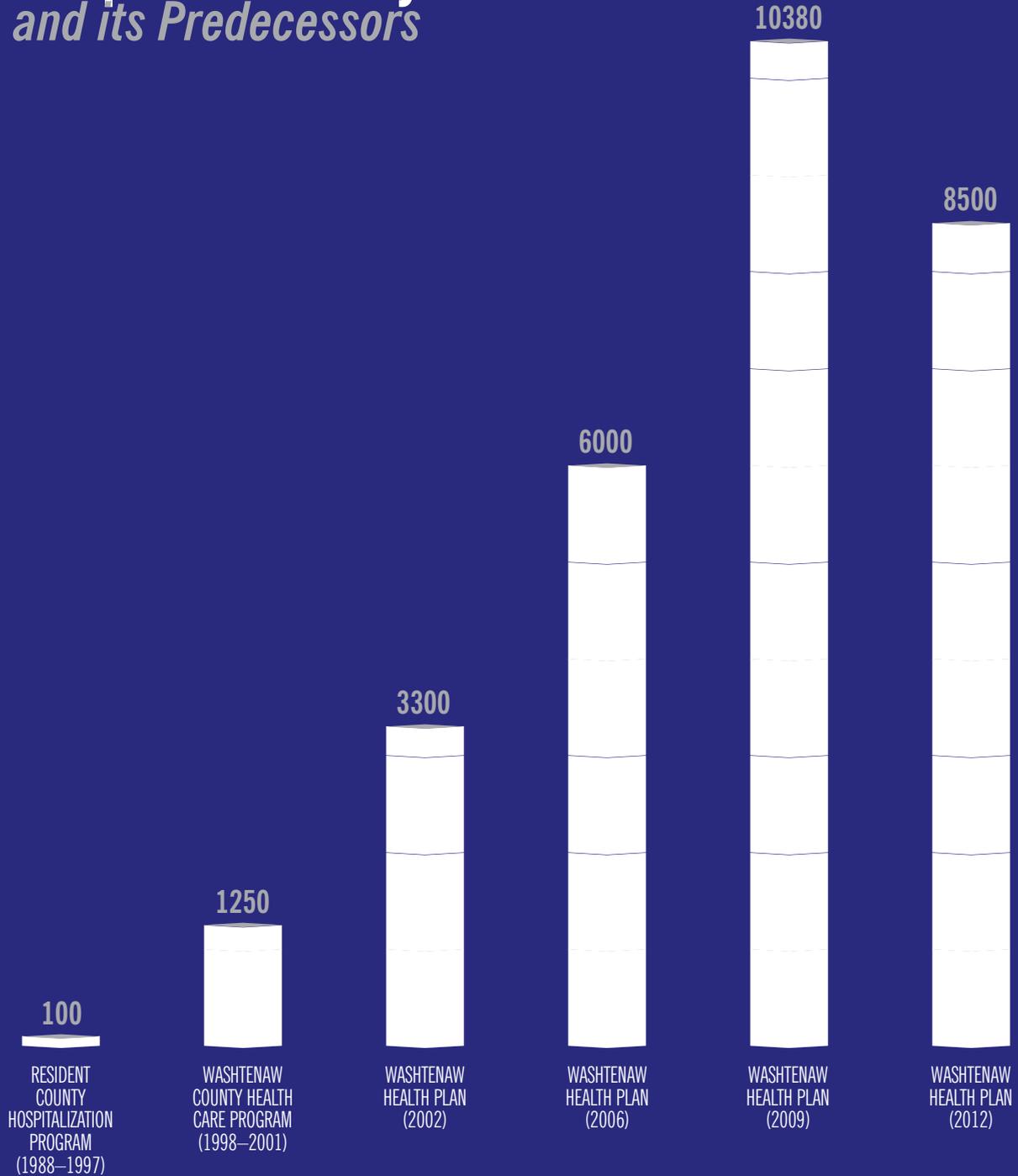
Yes, since I've gotten older (62) I have peace of mind that if I should need a doctor I can see one. After 20 years without health insurance this is a tremendous relief.

—DEBORAH HARRINGTON

“For this community it’s about collaboration and communication. When you have long-term relationships, that’s how you establish trust and credibility over a long period of time.”

Bob Guenzel, WHP Board Member, Counsel for Washtenaw County on the Jindo lawsuit, and former Washtenaw County Administrator

People Served by WHP *and its Predecessors*



10
Years

WASHTENAW

WHP

HEALTH PLAN

whp.ewashtenaw.org

734.544.3030